

considerable. The obvious remedy is to equip the cars with suitable containing tanks, to be emptied at convenient points, preferably after disinfection of the contents, which may be cheaply and efficiently accomplished by means of copper sulphate.

So much has been written in regard to the transportation of the sick, especially the tuberculous, that I will not occupy your time on that topic. Suffice it to say that the problem is far from a satisfactory solution, and that we must still regard railways as probably prolific disseminators of the great white plague. Other matters might be suggested where sanitary improvement would be possible, but I have enumerated those I believe to be most important. I am well aware that I have said nothing new or original, but we are such creatures of habit that even as medical men we are too prone to accept without efficient protest such conditions as we are accustomed to, however wrong we know them to be, and as this innate tendency to regard the habitual with complacency is the strongest sort of an obstacle to progress in any line of endeavor, I have thought it worth while to-day to redirect your attention to these questions of railway hygiene which you have doubtless often before had under consideration. The problems presented are some of them difficult, others easy, but in no case do I regard the solution as impossible of accomplishment or impracticable in application, and I believe that, from the standpoint of the general good, there exists no higher field of usefulness for such a society as ours than in the promotion of such much-needed sanitary reforms.

SOCIETY REPORTS

BUTTE COUNTY.

The regular monthly meeting of Butte County Medical Society was held at the office of Dr. Gatchell at Chico, Tuesday evening, Oct. 12th. Dr. Enloe president, in the chair. Members present, Drs. Enloe, Browning H. Morel, W. L. Gatchell and E. F. Gatchell.

An exceedingly interesting translation from the French of 16. Robin on "An Easy Diagnosis and Treatment of Menstrual Troubles," was read by Dr. H. Morel and discussed by the members.

ELLA F. GATCHELL, Secretary.

POLYCLINIC GATHERING.

Dec. 9, 1908.

Presentation of Cases by Dr. Chipman.

Herpes Zoster: In the absense of Dr. Regensburger I will present a few cases from his clinic before presenting my own. The first case is a simple case of Zoster, the one remarkable feature being the somewhat unusual distribution. As you all know the more common distribution is between the ribs but this is rather higher and goes up the neck. The case was first seen on Monday last, when it was purely vesicular, but with local application of aristol and zinc stearate the vesicles have all dried up. It is remarkable that the lesions in this case have crossed the middle line of the back. The patient says that for the last week he has had a great deal of pain in his case.

Scabies: The second case is very commonplace but is a fairly typical case of scabies. The patient has complained of itching for a week or ten days. From the appearance of the lesions one might judge that the duration has been somewhat longer than

ten days. It is typical in its distribution, the axillae, wrists, thighs and usual places being involved. The diagnosis is easily made by the distribution and the itching night and day. Generally the patients complain of itching more after going to bed. There is nothing atypical in this case. In these cases very often the question is raised with regard to the prophylaxis. What should one do with the bedclothing to prevent reinfection of the patient or infection of some other party? Should it be burned or destroyed? Both are unnecessary because if the bed is left alone for ten days the acarus will die of starvation.

Seborrhoeic Eczema: This case appeared at the Clinic just as we were finishing this morning. It occurred to us that the lesion was worth showing to-night because at first it resembles so much an entirely different affection. I refer to the lesion on the man's lip. It is somewhat infiltrated. At first sight this would appear to many as epitheliomatous or beginning epithelioma, and we have this to consider. He has had this lesion for only ten weeks. In the first place an epitheliomatous lesion would be single, whereas these lesions are multiple, and in the next place the evolution has been very rapid. The patient had a sore on the penis fifteen years ago. There is no history of any eruption, but that is lacking in so many cases that we need not consider it. Another thing is the fact that he presents over the sternum a patch of seborrhoeic eczema. This is a typical location, the favorite sites being the scalp, the sternal and the interscapular regions. As showing that one can find dermatological lesions in anybody if one hunts for them, we see in this patient a collection of lesions. On the lower abdomen are common warts; on the back we find pigmented moles, and lesions resembling macular syphilodermat. In addition we find an urticaria factitia which is rather marked.

Ichthyosis: This is a case of my own which I am presenting with the permission of Dr. Regensburger, one of universal ichthyosis. In ichthyosis there is no question of differential diagnosis; there is nothing with which it can be confounded. It is universal in this patient, involving the scalp, face and not only the extensor surfaces, but in fact the entire surface of the body, both trunk and limbs. This is a pronounced case of ichthyosis simplex. On one knee there is a patch which is more marked and almost approximates ichthyosis hystrix. The patient says that he never perspires. Some one suggested the use of thyroid in this case. Theoretically it is indicated. The usual treatment is to soften the skin with baths and salicylic acid, resorcin or some other reducing agent.

Demonstration of Urethroscope, by Dr. Silverberg: This urethroscope is somewhat on the style of the Cooper instrument, but differs from Oberlander in the position of the light which is external to the tubes. The light is caused to pass through a bull's eye condenser to a concave mirror, whence it is reflected down the tube to its extremity. The tube is first inserted into the urethra and after removing the obturator and swabbing, the light-bearing portion of the instrument is applied. The connection between this portion and the tube is air-tight. A glass lid sinking into a soft rubber gasket closes the end of the tube. The urethra may then be inflated with air pumped by a Davidson syringe.

Exhibition of Sections, by Dr. Leo Newmark: These cases had been reported and the specimens presented to the Polyclinic gathering at a previous meeting.

Demonstration of Syphilis of Palate and Larynx, by Dr. Henry L. Wagner: Here is contraction and formation of dangerous stenoses, due to probably successive attacks of tertiary ulceration (based on mixed infection). The voice is permanently impaired and there is a chronic inflammation of the membranes, not showing any specific appearances. Treat-

ment of syphilitic stenosis based on dilatation; perhaps combined with fibrolysin injection.

Discussion.

Dr. Levison: At one of the previous meetings of the Society I made mention of several experiences that I had with thiosinamine. I had used this drug in several different conditions. I first used it in a case of pyloric stenoses consequent upon a gastric ulcer but without any apparent result. I employed the drug because it has been reported to have been used with success. The next patient was a woman who had suffered severely from a reflex disturbance as a result of an old cicatricial contracture following a perineal operation. I used a 15% alcoholic solution. I injected this into the perineum and finally applied it on a vaginal tampon and by this means softened the tissue. I have also used it in Dupuytren contracture with excellent result and also in several cases of keloid. I remember one case in particular where a girl had been operated upon twice for a very large thick scar with a typical hypertrophic keloid. Under the influence of this injection the tumor subsided, the scar tissue was absorbed and by the time she was through with her treatment she was practically well. So far as I can recall this constitutes my experience. I have been impressed with the effect of the drug upon scar tissue and should be inclined to use it under any circumstances. I have also seen the X-ray used with excellent result. I can recall one case of a child with a large burn of the abdomen where the abdomen was one mass of scar tissue. Under the X-ray this subsided almost entirely.

Renal Decapsulation for Nephritis, demonstration by Drs. Victors and Barrett: This patient gives a history of having had a fistula three or four years ago at the sacro-coccygeal junction, which persisted for some time. He had an operation and various scrapings, always with recurrence. Diagnosis was made of tuberculosis or a syphilitic condition. The patient, however, denies a syphilitic history. He has been at the genito-urinary clinic and was referred to us for treatment. During the treatment for the condition of the sacrum a mercurial ointment had been applied. We found that the urine at that time was scanty with 3/10 albumen and hyalin casts. We have kept him for almost a year under observation thinking the condition a toxic one. After elimination this increased if anything. He had been in bed once for six weeks on rigid diet without any results. We finally referred him to the surgical service. Usual kidney incision was made. We had intended to do a double decapsulation at one sitting, but found in attempting to deliver the kidney that it was high up under the twelfth rib, which had to be resected before we could get at it. The fatty capsule having been separated from the capsule proper, it was stripped back to the pelvis and sutured to the muscle with forty-day gut. The patient was doing very well under the operation and we might have done the other kidney, but we thought we would rather have him return to bed and come for operation again, which he did the subsequent week. We found the other kidney just as high up as the first one, and the twelfth also was resected and the kidney sutured in the same manner. He had presented the pallor, anaemia, headache and anorexia, which are all associated with this nephritic condition. Since that time he has improved in color, has been gaining in weight at the rate of one pound for five weeks, and has improved markedly. Prior to the operation he excreted 2½ pints of urine in 24 hours, and that was while he was drinking two quarts of fluid, one quart of water and one of milk in the same period. Since that time he drinks not more than one pint per day and has been excreting 3½ pints of urine. Keyes, in his discussion of this procedure, criticizes the reports, because the majority have been made in the first six months. He said further that eight out of ten succumbed in the first six months and

that a number of others did badly, due to the fact that the immediate improvement in circulation which first took place was lost in the fibrous contraction subsequent. There has been a great deal of experimentation to determine whether there was improvement in the circulation of the kidney following this procedure. I remember that Dr. Johnson presented at the Academy of Medicine the result of his work on dogs, and the results were that in the beginning, there was decided increase in the circulation in the new capsule but that later the capsule became thicker than the normal capsule and the vessels diminished in size. There has been a question as to whether there is an improvement in the collateral circulation of the kidney after decapsulation. Martini has been able after decapsulating the kidney of the dog to do a unilateral nephrectomy, the opposite, after allowing a little time for the circulation to develop; then ligating the renal vein of the decapsulated kidney which remained, and the dog survived. This procedure was always fatal in dogs with normal, that is, undecapsulated kidney. He demonstrated that there was a development of anastomotic routes present by injecting gelatin so that it entered the circulation, and even after ligating the normal vessels of the kidney he found the gelatin had passed into the kidney. With regard to this patient, unquestionably he is better—better in his appearance and better as far as the urinary condition is concerned at the present time. The first examination after operation showed the urine to be about the same, it ranged between 3/10 and 1/10 albumen. Immediately after the operation it was 3/10, and of course the blood and serum due to the interference was present until about one month ago, when the urine showed barely a trace of albumen and practically no casts at all. He has now about ½ of 1% albumen and a few hyalin casts, but is continually improving. It is now three months since the operation.

Spindle-Cell Sarcoma of the Groin. Case report by Dr. Barrett: This man, age 46, a window washer, presented himself in June, 1908, with what he thought was a "boil" over the crest of the ileum. There was some pus in a little pocket and the specimen was reported upon as being due to staphylococcus. We made an elliptical incision and brought the skin together and it remained healed for about two and a half or three weeks. It broke down throughout the greater extent of the incision and we operated again, making a little wider removal, both times under cocain. It remained healed for about the same length of time. We then took a specimen from this area and the report came back spindle-cell sarcoma. We then sent him to the City and County Hospital, where we made a wide dissection, and to cover the extensive area denuded we made a sliding flap from the abdomen. This left an area uncovered about 2½x3½". Dr. Freytag has been giving this patient treatments with the X-ray, about two per week. The entire area is cicatrized and the patient has been gaining in weight and strength. At the present time there is no irritation. This case being a spindle-cell sarcoma and superficial, with such a wide dissection and the X-ray treatments continued for another nine months, it seems to me that the chances for his permanent recovery are pretty fair.

Discussion.

Dr. Freytag: The most operative X-ray treatment in sarcoma is especially interesting and important. I have followed the literature very closely and think that we are having more and more success in primary cases where the treatment is undertaken immediately after the operation. All the primary cases which I recall and which I treated immediately after operation, have done well. In recurrence cases, coming to me late, my experience has been discouraging. The patients whom I have treated with the X-rays when metastasis has already occurred, have died, so far as my experience

goes, even more rapidly than without treatment. But these patients died without any pain at all. I remember a case which I treated for a month, bringing three tumors down until they nearly disappeared, but subsequently another tumor appeared on the opposite side and I informed the physician that the treatments ought to be stopped. This patient died without any pain in a simple cachectic condition. So, in desperate cases, where there is no more hope of cure, X-ray can at least bring relief of pain and comfort to the poor sufferer.

SONOMA COUNTY.

The Eldredge meeting, held Sept. 2, 1909, in the afternoon, was well attended. W. J. Kerr, president; G. W. Mollary, secretary; Lizzie Lain, treasurer; W. J. G. Dawson, Edward Gray, Anna M. Gutzwiller, Zilda Turner-Pettis, Frederick Leix, Ira A. Wheeler, R. A. Forrest, E. M. Yates, A. McG. Stuart, W. C. Shipley; visitors, E. E. Briggs and Isabel Devenport, Chicago, Ill.

Dr. Dawson introduced his exhibit and read an account of symptoms while living of the following: "Hydrocephalous Brain, showing very large Pocephalic Cavities," "Foramen Ovale in girl 30 years old, opening never closed, also gall bladder displaced, completely filled with stones and duct greatly enlarged and filled with stones."

About two-thirds of brain substance had been absorbed; the skull was very large.

A few living hydrocephalic patients were exhibited, some of them very intelligent. The most interesting exhibit was Cretin versus Mongolin type of Quiberility.

1. The Cretin shows no sign of its trouble before six months, the other shows its trouble at birth.
2. The Cretin is listless and few motions; the other full of motion and notices things.
3. Skin dry, fat pads over clavicle; the other has neither.
4. Normal skull; the other brachycephalic.
5. Palpebral fissures horizontal, lids swollen, epicanthus absent; the other palpebral fissures oblique, epicanthus present, lids not swollen.
6. Protruding swollen tongue; the other non-swollen, but protruding tongue.
7. Thick everted lids; the other lids normal.
8. Short stubby fingers; the other short tapering fingers, very short curved little finger.
9. Thyroid absent or atrophied; the other has thyroid present.
10. Treatment may do good if begun early; the other, no known beneficial treatment.

Dr. Dawson was ably assisted by Dr. Edward Gray and Dr. A. M. Gutzwiller. The members agreed to meet in Petaluma Oct. 7, 1909; lunched and adjourned.

The society met in City Hall, Petaluma, Oct. 7, 1909. The following present: Drs. W. J. Kerr, president; G. W. Mallory, secretary; I. A. Wheeler, J. C. Condit, J. E. Huffman, Marion B. McAulay, J. T. O'Brien, S. Z. Peoples, F. N. Folsom, A. R. Graham.

We in Sonoma county would like to see our withdrawal cards honored in any county society of the state, and we recommend that each society adopt the rules for admission of State Society or American Medical Association. This thing was brought to our notice by one of our former members presenting his card to a society which did not even present his card to that society. This member was a graduate of the Homeopathic school and a good man. We hope that our great profession will enlarge in their views and abide by A. M. A. rules or rather more humane rules. We don't find fault with you but we want California to be great in her internal dealings.

Dr. Ira W. Wheeler introduced devices to show how he treated a stomach that was so dilated that it was in his way while removing a large, cystic

ovary diagnosed three months before hydronephrosis, and now the patient had had three uremic convulsions, the cause of convulsions being pressure on ureters, for after removal of cyst the bladder immediately filled. Urine had to be drawn. Patient at operation weighed 80 lbs., now 15 months later 150 lbs.; well. After closing the incision for cyst, the abdomen was again opened below ensiform cartilage and stomach brought out, which reached the pubes. After manipulation in a warm towel, he took a plait in stomach anterior and surface, from cardiscend in a curve around to Polonic end so that no interference with circulation was had, scarifying the parts to be approximated. Reducing size of stomach one-half; why he plaited the stomach was that patient had no chance to recuperate with such a dilated stomach.

Dr. S. Z. Peoples read a paper, "Prostate Gland Diseases and Treatment (surgical and medical)." He recommended massage and in suitable cases excision. Gave treatment of old gonorrhoeas, thought that too little attention was paid to the eradication of the gonorrhea by the profession.

Dr. Marion M. McAulay exhibited a large cystic ovary removed by Dr. J. T. O'Brien at two and a half months' pregnancy. Dr. McAulay having delivered a fine baby boy six and a half months after operation. The mother declares now that she is better than since marriage four years ago.

Dr. J. T. O'Brien exhibited a skeleton fetus that he removed at what seemed ten months. The after-birth was attached to underside of ovary. All the soft parts were absorbed, the cord completely gone. For three months the patient said she felt life, then she waited the full time, but her size was much reduced during the last four months. This extra uterine generation came off luckily for the mother, as she soon recovered after operation.

Dr. O'Brien made this observation: That it would be a doubtful procedure to remove afterbirth at operation on an ectopic pregnant woman if fetus was older than two and a half months, cause hemorrhage; thought it would be well to leave placenta for a later operation or for absorption.

The society is to meet in Santa Rosa next time.

Nov. 6, 1909.

At the Sonoma County Medical Society's meeting last night, held in Dr. J. W. Clark's offices, Dr. J. W. Jesse, assisted by Dr. J. W. Clark, gave a clinic. They exhibited a case of tuberculosis of a young woman who had had the disease about eighteen months. Dr. Clark exhibited the bacillus. Dr. R. A. Forrest showed a case of an infected index finger in a forty-year-old man, which had been ankylosed in three months.

Dr. S. S. Bogle showed two cases of T. B.'s; one of pulmonary, and the other the femur. The last case had been troubled for some five years, had had five operations, seems to be about well, but it is too soon to tell, six weeks.

Dr. Edward Gray sent his paper on Zoster, which was read by Dr. R. A. Forrest.

The Society will meet in Santa Rosa Dec. 3rd, 1909, at which meeting the officers will be elected.

G. W. MALLORY, Secretary.

BOOK REVIEWS

Monroe's "Suggestive Therapeutics, Applied Hypnotism and Psychic Science." (Second Edition.)

Publisher, C. V. Mosby, St. Louis, Mo.

The author of this volume has assuredly certain qualifications in marked degree that make the successful "psychic healer." The volume which he puts forth is an interesting personal narrative of his experiences. It makes no pretense to scientific study of the subject, and it is essentially a popular account of an interesting side of modern therapeutics of nervous disorders. The book will be read by a